DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 01/23/15

PRINTED: 12/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	12/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF CHATTANOOGA	8249 STANDIFER GAP ROAD CHATTANOOGA, TN 37421

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed have self-closing doors in hazardous areas. The findings include: Observation on December 7, 2014 at 12:05 p.m. revealed the satellite tv room has combustible storage and the door closer are has been disconnected and removed. Dietary dry storage door is not self-closing, this room is over 50 square feet and has combustible storage. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 7, 2014.	K 029	1. No residents were injured related to this citation. The Maintenance Director installed a self-closing device on both the satellite room door and the Dietary dry storage room door on 12/11/2014 and 12/16/2014 respectively. 2. All residents have the potential to be affected by this citation. 3. The Maintenance Director was in serviced by the Executive Director on 12/30/2014, on maintaining self-closing doors in all hazardous areas. The Maintenance Director and/or Executive Director will perform Quality Improvement monitoring of hazardous areas to assure that self-closing doors are installed where necessary three times a week for eight weeks, two times a week for eight weeks then one time a week for eight weeks and/or substantial compliance obtained. 4. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for six months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Assessment Nurse.	
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency	K 045	1. No residents were injured related to this citation. The general and emergency power lighting was installed on 12/15/2014, by Lawson Electric. 2. All residents have the potential to be affected by this citation. Observations of the emergency illumination was completed	1/12/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director 12-31-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 045	Continued From page 1 lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to provide general and emergency lighting at all exit discharges. The findings include: Observation and interview with the maintenance director on December 7, 2014 at 1:05 p.m. revealed the exit discharge from the East Hall by room 233 is not provided with general and emergency power lighting for egress to the public way. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 7, 2014.	K 045	on 12/16/2014 – 12/19/2014, by the maintenance director. 3. The maintenance director was in serviced by the executive director on 12/30/2014, on illumination of means of egress to provide light from exit discharge leading to public way. The maintenance director and/or executive director will perform Quality Improvement monitoring of emergency illumination three times a week for eight weeks, two times a week for eight weeks then one time a week for eight weeks and/or substantial compliance is obtained. 4. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for six months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Assessment Nurse.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076	1. No residents were injured related to this citation. The combustible materials were moved out of the West Hall oxygen storage room on 12/30/2014, by central supply and the maintenance director. 2. All residents have the potential to be affected by this citation. 3. The maintenance director and central supply was in serviced by the executive director on 12/30/2014, on the separation of combustibles from oxygen storage. Central Supply and/or executive director will perform Quality Improvement monitoring	1/12/2015

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K 076	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have oxygen storage separated from combustibles. The findings include: Observation on December 7, 2014 at 11:30 a.m. revealed the oxygen storage in the West Hall oxygen storage room is not separated from combustibles by at least 5 feet. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 7, 2014. NFPA 99 4-5.1.1.2	K 076	of oxygen storage three times a week for eight weeks, two times a week for eight weeks then one time a week for eight weeks and/or substantial compliance is obtained. 4. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for six months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Assessment Nurse.	1/12/2015